

## 2022 Online Document Notice

Your essential plan information is available online.

Visit the secure document portal online at **MyDocumentSource.MemberDoc.com**. All you need to view your documents is your member number found on your member ID card and your zip code.

You will still use Caremark.com to access the pharmacy locator tool, look up drug costs, and manage your prescriptions.

### Your plan documents.

Your plan documents contain important information about the plan. Online documents are kinder to the environment — saving both trees and landfill space. You can access them anytime, anywhere, from your personal computer, tablet, or other device.

#### *Evidence of Coverage (EOC)*

Your EOC is a complete description of coverage under your Medicare plan. It explains the plan rules, your rights and responsibilities, how your coverage works, and what you pay as a member of the plan.

#### *Formulary (List of Covered Drugs)*

The formulary is a list of drugs covered by the Medicare Part D portion of your plan. Along with the drug name, the formulary shows each drug's tier level, which can affect how much you'll pay for the drug. It also lists any special requirements, like prior authorization, quantity limits or step therapy.

#### *Pharmacy Directory*

Our pharmacy network includes national chains, local pharmacies and a mail service pharmacy where you can get your prescription drugs. The directory includes a list of the network pharmacies closest to you and shows you which pharmacies offer standard cost sharing and which offer preferred cost sharing.

### Tips for using your online documents.

#### **You can save time when you search online**

You can usually locate information more quickly in an online document by:

- Pressing the “**CTRL**” and “**F**” keys at the same time on your computer keyboard
- Clicking the magnifying glass icon (🔍) on your smartphone or tablet

Both allow you to jump to specific words or phrases wherever they appear in the document.

#### **Prefer larger text?**

Simply use the “zoom” feature on your device or web browser to make the text larger.

## Prefer a printed copy?

Two convenient options are available if you would like to request a printed copy of your plan documents.



### Online

Visit the secure document portal at **MyDocumentSource.MemberDoc.com**. Enter your **Member ID and zip code**. On the next page, click “Request Printed Copy.”



### By telephone

Call our self-service number toll-free at **1-855-979-1105** and enter your unique **PIN: 10 22 03 29 51** when prompted and we will mail them to you.

## Additional Questions?

If you have any questions about this notice or your plan materials, please call Customer Care at 1-844-757-0448 (TTY: 711), 24 hours a day, 7 days a week.

Information	Where to find it
Find your plan materials (using your Member ID and zip code)	MyDocumentSource.MemberDoc.com
Find a pharmacy, look up drug costs, manage your prescriptions (retail or mail)	Caremark.com
Manage Specialty prescriptions	CVSSpecialty.com

The formulary and pharmacy network may change at any time. You will receive notice when necessary.

SilverScript is a Prescription Drug Plan with a Medicare contract marketed through Aetna Medicare. Enrollment in SilverScript depends on contract renewal.



# Notice of Privacy Practices

*Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.*

*To receive this notice in Spanish, please call Customer Care toll-free at 1-866-235-5660.*

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***This notice describes how medical information about you may be used and disclosed and how you can get access to this information.***

***Please review it carefully.***

Silverscript Insurance Company considers personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information.

When we use the term “personal information,” we mean information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage. By “health information,” we mean information that identifies you and relates to your medical history (i.e., the health care you receive, or the amounts paid for that care).

This notice became effective on September 15, 2021.

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## **How We Use and Disclose Personal Information**

In order to provide you with insurance coverage, we need personal information about you, and we obtain that information from many different sources – particularly you, your employer or benefits plan sponsor if applicable, other insurers, HMOs or third-party administrators (TPAs), and health care providers.

We obtain information from a variety of sources, not all of which apply to every enrollee. The following are the general categories of information we collect:

- Information provided on enrollment forms, surveys and our Website, such as your name, address and date of birth.
- Information from pharmacies, physicians or other health care providers, long-term care facilities or health plans.
- Information provided by your employer or other plan sponsor regarding any group plan that you may have.
- Information we obtain from your transactions with us, our affiliates, or others, such as health care providers.
- Information we receive from consumer or medical reporting agencies or others, such as state regulators and law enforcement agencies.

In administering your health benefits, we may use and disclose personal information about you in various ways, including:

### **Health Care Operations**

We may use and disclose personal information during the course of running our health business – that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; preventive health, disease management, case management and care coordination; performing auditing functions, fraud and abuse detection and compliance activities; resolving internal grievances; addressing problems or complaints; making benefit determinations; and administering a benefit plan. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other operational activities requiring use and disclosure include administration of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; facilitation of a sale, transfer, merger or consolidation of all or part of Silverscript Insurance Company with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

### **Payment**

We may use and disclose your health information to determine your eligibility for coverage and benefits, and to see that the treatment and services you receive are properly billed and paid for. For example, we may use your health information to pay the pharmacies that fill your prescriptions. Other payment activities include claims management, drug utilization review and other related administrative functions. We are prohibited from using or disclosing any genetic information about you for underwriting purposes.

### **Treatment**

We may use and disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, we may provide information about other medications you are taking to a pharmacist filling your prescription so as to avoid harmful drug interactions. We may also share your health information with health care providers to help coordinate and manage your health care. For example, we may talk to your doctor to suggest a medication therapy management program that can help improve your health.

### **Disclosures to Other Covered Entities**

We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, if you receive benefits through a group health insurance plan, we may disclose personal information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed.

### **To Make Health-Related Communications to You**

We may use and disclose your health information in order to inform you about health-related products and services. For example, we may contact you:

- To remind you to refill your prescription or otherwise follow your drug therapy regimen.
- To tell you about possible treatment options or medication alternatives that may be beneficial to you.
- To tell you about health-related program benefits and services that may be of interest to you.

Health-related communications may be sent to you via unencrypted e-mails and/or IVRs and may contain the name of your prescribing physician and/or up to the first three letters of information about your prescription drug information. If you do not wish to receive such e-mails and/or IVRs from us that are not coded to prevent unauthorized access, you can opt out by requesting to transfer to an agent during an IVR call or by calling Customer Care at **1-866-235-5660**.

## To the Plan Sponsor of a Group Health Plan

Under certain circumstances, we may share limited health information about you with the sponsor of a group health plan through which you receive health benefits. For example, we may share information with a plan sponsor related to your enrollment or disenrollment in the plan, as well as summary health information to enable the plan sponsor to obtain bids from other health plans. We may also share information for plan administration purposes if certain protections are included in the plan document.

### Additional Reasons for Disclosure

We may use or disclose personal information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such information in support of:

- **Plan Administration** (Group Plans)– to your employer, as applicable, when we have been informed that appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Associates** – to persons who provide services to us and assure us they will protect the information.
- **Industry Regulation** – to Government agencies that regulate us (different countries and U.S. state insurance departments).
- **Workers' Compensation** – to comply with workers' compensation laws.
- **Law Enforcement** – to Government law enforcement officials.
- **Legal Proceedings** – in response to a court order or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).
- **As Required by Law** – to comply with legal obligations and requirements.
- **Decedents** – to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or as authorized by law; and to funeral directors as necessary to carry out their duties.
- **Organ Procurement** – to respond to organ donation groups for the purpose of facilitating donation and transplantation.

### Disclosure to Others Involved in Your Health Care

We may disclose health information about you to a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the toll-free Customer Care number **1-866-235-5660**. If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the toll-free Customer Care number **1-866-235-5660** – or have your provider contact us.

### Required Disclosures

We **must** use and disclose your personal information in the following manner:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, as necessary, for HIPAA compliance and enforcement purposes.



## Uses and Disclosures Requiring Your Written Authorization

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization:

- for marketing purposes that are unrelated to your benefit plan(s),
- before disclosing any psychotherapy notes,
- related to the sale of your health information, and
- for other reasons as required by law.

If you have given us an authorization, you may revoke it in writing at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the toll-free **Customer Care number 1-866-235-5660**.

## Your Legal Rights

The federal privacy regulations give you several rights regarding your health information:

- You have the right to ask us to communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information (e.g. Explanation of benefits (EOB) and other claim information) to a different address from that of your subscriber. We will accommodate reasonable requests.
- You have the right to ask us to restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- You have the right to ask us to obtain a copy of health information that is contained in a “designated record set” – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- You have the right to ask us to amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to ask us to provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
- You have the right to be notified following a breach involving your health information.
- You have the right to know the reasons for an unfavorable underwriting decision. Previous unfavorable underwriting decisions may not be used as the basis for future underwriting decisions unless we make an independent evaluation of the basic facts. Your genetic information cannot be used for underwriting purposes.
- You have the right with very limited exceptions, not to be subjected to pretext interviews.<sup>1</sup>

You may make any of the requests described above (if applicable), may request a paper copy of this notice, or ask questions regarding this notice. You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address:

**SilverScript Insurance Company, c/o CVS Caremark**  
**Attn: Privacy Officer – MC 016**  
**P.O. Box 52072, Phoenix, AZ 85072-2072**

You may stop the paper mailing of your EOB and other claim information by visiting [www.caremark.com](http://www.caremark.com) and click “Log In/Register”. Follow the prompts to complete the one-time registration. Then you can log in any time to view past copies of EOBs and other claim information.

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

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<sup>1</sup> SilverScript does not participate in pretext interviews.

## **Our Legal Obligations**

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

In some situations, state privacy or other applicable laws may provide greater privacy protections than those stated in this notice. For example, depending on the state in which you reside, there may be additional laws related to the use and disclosure of health information related to HIV status, communicable diseases, reproductive health, genetic test results, substance abuse, mental health and mental retardation. When appropriate, we will follow those state or other applicable laws.

## **Safeguarding Your Information**

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

## **This Notice is Subject to Change**

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, you must send it in writing to:

**SilverScript Insurance Company,  
c/o CVS Caremark,  
Attn: Privacy Officer – MC 016,  
P.O. Box 52072,  
Phoenix, AZ 85072-2072.**

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

**200 Independence Ave., S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).** We will not retaliate against you in any way for filing a complaint, and the service you receive from us will be unaffected.

## **CONTACT INFORMATION**

If you have any questions about this notice, please contact us at:

**SilverScript Insurance Company  
c/o CVS Caremark  
Attn: Privacy Officer – MC 016,  
P.O. Box 52072  
Phoenix, AZ 85072-2072  
1-866-235-5660**

*Coverage is underwritten by SilverScript Insurance Company and administered by CVS Caremark Part D Services, L.L.C. and its affiliates and Aetna Health Management, LLC. Mail order pharmacy services may be provided by Caremark, L.L.C. or one or more of its subsidiaries or affiliates.*

We comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Customer Service at the phone number on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights  
[https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf).

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)

Si habla un idioma que no sea inglés,  
se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)

Kung hindi Ingles ang wikang inyong sinasalita,  
may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)

Si vous parlez une autre langue que l'anglais, des  
services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)



Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)

Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para número de telefone presente neste documento. (Portuguese)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany w niniejszym dokumencie. (Polish)

英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトアクセスするか、または本書に記載の電話番号にお問い合わせください。 (Japanese)

Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në këtë dokument. (Albanian)

ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በዚህ ሰነድ ላይ የተዘረዘረውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք այս փաստաթղթում նշված հեռախոսահամարով: (Armenian)

যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেনতাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং এই নথিতে তালিকাভুক্ত ফোন নম্বরে ফোন করুন। (Bengali)

បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនោះក្នុងឯកសារនេះ។ (Khmer)

Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona navedenog u ovom dokumentu. (Serbo-Croatian)

Na ye jam thuondët tënë thonj ë Diñlith, ke kuɔɔny luilooi ë thok ë path aa tɔ̃'thin. Nem yöt tëin internet tëndë ke yï col akuën cõtmeç cï gat thin në athör du yic. (Dinka)

Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer in dit document. (Dutch)

Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στο παρόν έγγραφο. (Greek)

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટ ની મુલાકાત લો અથવા દસ્તાવેજમાં સૂચીબદ્ધ કરવામાં આવેલ ફોન નંબર પર કોલ કરો. (Gujarati)

Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus da wb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj sau teev tseg nyob rau hauv daim ntawv no. (Hmong)

ຖ້າທ່ານວົ້າພາສານອກເໜືອຈາກອັງກິດ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າແມ່ນມີໃຫ້ທ່ານ. ໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕາມເບີໂທລະສັບທີ່ລະບຸໃນເອກະສານນີ້. (Lao)

Bilagáana bizaad doo bee yáníłti'da dóó saad náána ła' bee yáníłti'go, ata' hane' t'áá jíik'e bee áká i'doolwołígíí hółq'. Béesh nitsékeesí bee na'ídíkid bá haz'ánígí ąą'ádííłíłt' éí doodago béesh bee hane'í bee nihich'j' hodiílnih díí naaltsoos bikáá'íjį'. (Navajo)

Wann du en Schprooch anners as Englisch schwetzsch, Schprooch Hilfe mitaus Koscht iss meeglich. Bsuch unsere Website odder ruf die Nummer uff des Document uff. (Pennsylvania Dutch)

اگر به زبان دیگری بجز انگلیسی گفتگو می کنید، کمک زبانی رایگان فراهم می باشد. به وبسایت ما مراجعه نمایید و یا به شماره تلفن که در سند ذیل لست شده، تماس بگیرید. (Farsi)

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਵੈੱਬਸਾਈਟ 'ਤੇ ਜਾਓ ਜਾਂ ਿਏਸ ਦਸਤਾਵੇਜ਼ ਵਿਚ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

Dacă vorbiți o altă limbă decât engleza, aveți la dispoziție servicii gratuite de asistență lingvistică. Vizitați site-ul nostru sau sunați la numărul de telefon specificat în acest document.  
(Romanian)

[illegible]

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้ในเอกสารนี้ (Thai)

Якщо ви не говорите англійською, до ваших послуг безкоштовна служба мовної підтримки. Відвідайте наш веб-сайт або зателефонуйте за номером телефону, що зазначений у цьому документі.  
(Ukrainian)

اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، زبان سے متعلق مدد کی مفت خدمات دستیاب ہیں۔  
ہماری ویب سائٹ ملاحظہ کریں یا اس دستاویز میں درج فون نمبر پر کال کریں۔ (Urdu)

## אויב איר רעדט א

שפראך אויסער ענגליש, זענען שפראך הילף סערוויסעס אוועילעבל. באזוכט אונזער וועבזייטל אדער רן פט דעם טעלעפאן נומער וואס שטייט אויף דעם דאקומענט. (Yiddish)

جے ٹسی انگریزی ٹوں علاوہ کوئی زبان بولدے او، تے مُفت لسانی معاونت دیاں خدمات دستياب نیں۔ ساڈی وی (Punjabi) ب سائٹ ملاحظہ کرو یا دستاویز

